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Joan M. Fallon TITLE OF INVENTION: METHODS FOR DIAGNOSING PERVASIVE DEVELOPMENT DISORDERS, DYSAUTONOMIA AND OTHER

PUBLICATION FEE DUE

06/30/2011 WILSON, SONSINI, GOODRICH & ROSATI 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050

FILING DATE

11/16/2001

SMALL ENTITY

PTOL-85 (Rev. 02/11) Approved for use through 08/31/2013.

APPLICATION NO

09/990.909

APPLN. TYPE

NEUROLOGICAL CONDITIONS

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Kristen Moussalli		(Depositor's name)
Mor	morel	
August 12, 2011		(Date)
FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

TOTAL FEE(S) DUE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

3427

DATE DUE

41012-700

\$1055 09/30/2011 YES \$755 \$300 \$0 nonprovisional EXAMINER ARTINIT CLASS-SUBCLASS NAVARRO, ALBERT MARK 1645 435-007100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Wilson Sonsini Goodrich & Rosati (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Curemark LLC Rve, New York Please check the appropriate assignee category or categories (will not be printed on the patent): 📮 Individual 📓 Corporation or other private group entity 📮 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-2415 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee fee equired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. August 12, 2011 Authorized Signature Date Louis Lieto, Ph.D 60.302 Typed or printed name Registration No. This collection of information is required by 3 Creft 1.311. The information is required to obtain or retain a tenefit by the patter which is to file fund by the USPTO to process) an application. Confidentiality is governed by 35 USPTO. 122 and 37 Creft 1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and the confidence of the confidence o

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